



**HUSKY Health – Medical Authorization Portal
Prior Authorization (PA) Request – Quick Reference Guide
Outpatient Surgery/Outpatient Procedures**



Table of Contents

Quick Reference	2
Outpatient Surgery/Outpatient Procedures Authorization Request Steps	2
a. Option to Save as Draft	4
View and Print Authorization Number and Authorization Summary	5
View and Print Determination Letters	6
Attach additional information	6
Cancel a Pending Authorization Request	7
Important Information	8
Outpatient Surgery/Outpatient Procedures - Authorization Request Entry Example.....	9



HUSKY Health – Medical Authorization Portal
Prior Authorization (PA) Request – Quick Reference Guide
Outpatient Surgery/Outpatient Procedures



OUTPATIENT SURGERY/OUTPATIENT PROCEDURES

Quick Reference

Field	Selection
Eligibility	Click on the radio button next to eligibility information
Auth Type	Outpatient Surgery/Outpatient Procedures
Auth Priority	Initial
Provider Details	
Referred by Provider	Search for the individual provider, referring, or ordering MD and select the correct provider* Enter the referring/ordering provider’s phone and fax # (Ex: Ph# 999.888.7777 Fax# 999.777.6666)
Servicing Provider	Select “CMAP ID” from the dropdown selection and enter the billing provider/group’s CMAP ID* Enter the servicing provider’s phone and fax #
Diagnosis and Service Codes	
Diagnosis Code	Enter the ICD-10 diagnosis code* Use the + sign to add codes
Procedure Code	Type the appropriate code or custom code, then the down arrow* Use the + sign to add codes
Procedure Description	This information is auto-populated in the portal after the procedure code selection
From Date	Start date of service
To Date	End date of service
Unit Type	Select Units
Req	Enter the number of units requested
Notes & Attachments	
Enter any notes or pertinent information	
Attach all clinical documents needed to determine medical necessity (e.g., practitioner notes)	
InterQual®	
System will launch InterQual® (IQ) evidence-based criteria if appropriate; otherwise, the request will be reviewed for medical necessity by CHNCT clinical reviewers	

**Use the “down arrow” on keyboard to select*

Outpatient Surgery/Outpatient Procedures Authorization Request Steps

1. Log in by entering your username and password
 - a. Note: In order to see authorizations submitted under a specific provider, users MUST log in with the provider’s correct billing CMAP ID
2. Click on the “Home” tab



HUSKY Health – Medical Authorization Portal

Prior Authorization (PA) Request – Quick Reference Guide

Outpatient Surgery/Outpatient Procedures



3. Select the “Outpatient” icon



4. Enter the member’s Date of Birth and Member ID number, and click on “Find Member”

* First Name <input type="text"/>	* Last Name <input type="text"/>	* Date of Birth MM/DD/YYYY <input type="text"/>	* Member ID <input type="text"/>
<input type="button" value="Find Member"/>			<input type="button" value="Clear"/>

5. Select the member by clicking anywhere in the member information section

Member ID Member ID : H552116771 , Medicaid No : 552116771	First Name Bret	Last Name N	Date of Birth 04/24
Phone Number 380- .	Primary Insurance N/A	Secondary Insurance N/A	Address Rocky Second Boulevard MD, 70880-0880

6. **Eligibility:** click on the radio button next to eligibility information

Eligibility

<p>LOB ASO- Medicaid</p> <p>Code 0013</p> <p>Benefit Plan HUSKY A</p> <p>Code 1013</p>	<p>Status Active</p> <p>Start Date 11/1/2016 End Date 12/31/2999</p> <p>Coverage Code HUSKY A FOR KIDS UP TO AGE 19</p> <p>Code 3049</p>
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7. **Authorization Type:** Outpatient Surgery/Outpatient Procedures

8. **Auth Priority:** select “Initial”

9. **Provider Details:**

a. *Referred by Provider (surgeon/ordering MD):*

- i. Search for the referring provider. Use the “down arrow” on your keyboard to select the correct referring/ordering provider
- ii. Alternatively, you may use the advanced search tool to search for the provider

* Referred By Provider Name

<input type="text" value="Provider Name"/>	<input type="text" value="Begin typing name or code to select"/> <input style="float: right;" type="button" value="Q"/>
--	---

b. *Servicing Provider:*

- i. Select the “CMAP ID” option from the dropdown selection
 1. Enter your **billing group CMAP ID**, and click the “down arrow” on your keyboard to select your provider

10. Enter **Required Contact Information**

- a. **Referred by provider’s phone and fax #** (ex: Ph# 999.888.7777 Fax# 999.777.6666)
- b. **Servicing provider’s phone and fax #**

11. **Diagnosis Code(s):**

- a. Type ICD-10 code

HUSKY Health – Medical Authorization Portal Prior Authorization (PA) Request – Quick Reference Guide Outpatient Surgery/Outpatient Procedures

- b. Use the “down arrow” to select code
- c. Use the + sign to add codes as needed

12. Procedure Code(s):

- a. Procedure Code: type the procedure code
 - i. Use the “down arrow” to select code
- b. Procedure Description: auto-populated based on code selection
- c. From Date: enter the start date of service (i.e., today’s day = “T”)
- d. To Date: enter the end date of service
 - i. Not to exceed six months from the date of submission (ex: T+180 = 6 months)
- e. Unit Type: select visits or units
- f. Req.: enter the number of units/visits requested
- g. Use the + sign to add codes as needed

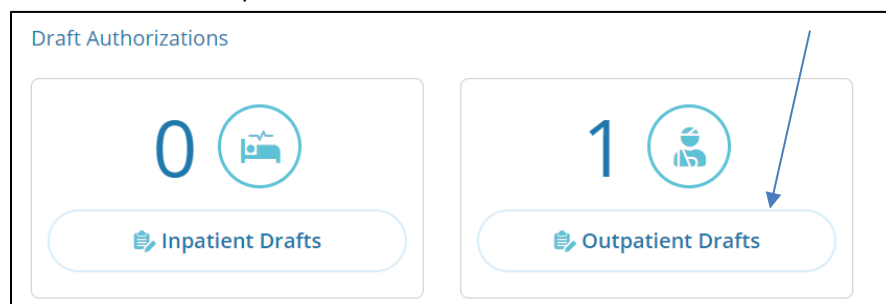
13. Click **Next** to proceed with authorization:

a. **Option to Save as Draft**

Please note: the option to **Save as Draft** can be used if the clinical information is not available at the time of the authorization creation. Draft **authorizations will NOT be available to HUSKY Health staff until the user clicks on “Submit”** and the InterQual (IQ) portion is completed (if IQ is available for the procedure).

All authorizations must be submitted prior to the start date of service – the option to **Save as Draft** does not override this requirement. Draft authorizations will only be available for up to seven days.

- i. To retrieve a list of authorizations “Saved as Draft”:
 - 1. Go to the Home tab and scroll down to see Draft Authorizations
 - 2. Click on “Outpatient Drafts”



- 3. Enter member ID to search
- 4. Reopen the authorization draft by clicking on the “draft” link under **Status**
 - a. Note: You may click on “Download Results” to export an Excel spreadsheet with all authorizations saved as a draft, if needed



HUSKY Health – Medical Authorization Portal Prior Authorization (PA) Request – Quick Reference Guide Outpatient Surgery/Outpatient Procedures



Draft Authorization List									
Inpatient		Outpatient							
Draft ID #	Created Date	Member Name	Plan Type	Procedure Date	Type	Status	Facility	Service Provider	
D12T5QV1	Apr 12, 2022	C. P...	ASO- Medicaid	Apr 12, 2022	Home Health	Draft	N/A	HHA DEFAULT	

14. Add **Notes** and **Attachments**, then select **Submit**

- a. Note: both fields are required to proceed

15. **InterQual® (IQ) Review:** System will launch IQ, if appropriate, or request will be sent for medical necessity review by CHNCT clinical reviewers

- a. Select the criteria based on member’s condition
- b. IQ will result in either:
 - i. **Criteria Met**
 - ii. **Criteria Not Met**, it will be reviewed for medical necessity by CHNCT clinical reviewers
- c. Refer to the system-generated instructions after completing the IQ

View and Print Authorization Number and Authorization Summary

The option to view and print the authorization summary is available immediately after submitting a request. An informational message shows the authorization reference number and link to print the authorization summary.



1. Scroll down to view the authorization details
2. To view the Authorization Number (KG#), scroll down to the procedure codes section and refer to the **Alternate Service ID**

Procedure Codes			
Procedure Code	0006U	Primary Procedure	Alternate Service ID KG00001802
Procedure Description	Testing for presence of interacting medications, substances, supplements and foods in urine		
Unit Type	Days	Req. 1	Approved Units 0 Denied Units 0
From Date	04/27/2022	To Date	04/27/2022

3. To print the Authorization Summary, select “Click to print”
 - a. Note: the Authorization Summary may open on a new tab in your browser



HUSKY Health – Medical Authorization Portal

Prior Authorization (PA) Request – Quick Reference Guide

Outpatient Surgery/Outpatient Procedures



View and Print Determination Letters

1. Click on “Authorization List” on the left-hand menu
2. Select the **Outpatient** icon
3. Enter the **Member ID** and press enter, or click on the magnifying glass to search
4. Click on the caret symbol to expand the view
5. Click on “View Letter”

The screenshot shows the 'Authorization List' page. At the top, there are tabs for 'Inpatient' and 'Outpatient'. A search bar contains the Member ID '551226234'. Below the search bar is a table with the following data:

Authorization ID #	Created Date	Member Name	Plan Type	Admission Date	Type	Status	Facility	Service Provider
0414TE2WI	Apr 14, 2022	Dejuan Waller	ASO-Medicaid	Apr 14, 2022	InPatient-Emergency Hospitalization	Pending	FACILITY DEFAULT	PROVIDER DEFAULT

Below the table, the 'Auth Details' section is expanded, showing:

- Primary Diagnosis: SEVERE SEPSIS WITHOUT SEPTIC SHOCK
- Referred By Provider Name: N/A
- Notification Date: 04/14/2022
- Decision Date: N/A
- Member ID: H551226234, Medicaid No: 551226234

At the bottom of the details section, there are several buttons: 'View & Print Auth', 'View Notes', 'View Docs', 'View Letter' (highlighted with a red arrow), 'View Guidelines', and 'View Discharge Plan'. There are also two buttons at the bottom: '+ Discharge Information' and '+ Additional Information'.

6. Click on the link next to Document Name to download or print the letter

The screenshot shows the 'Letters' page. It contains a table with the following data:

Auth Document ID	Document Name	Document Type	Created On
12956	PH_Acute-To HOH	Letter Document	04/14/2022 11:11 AM

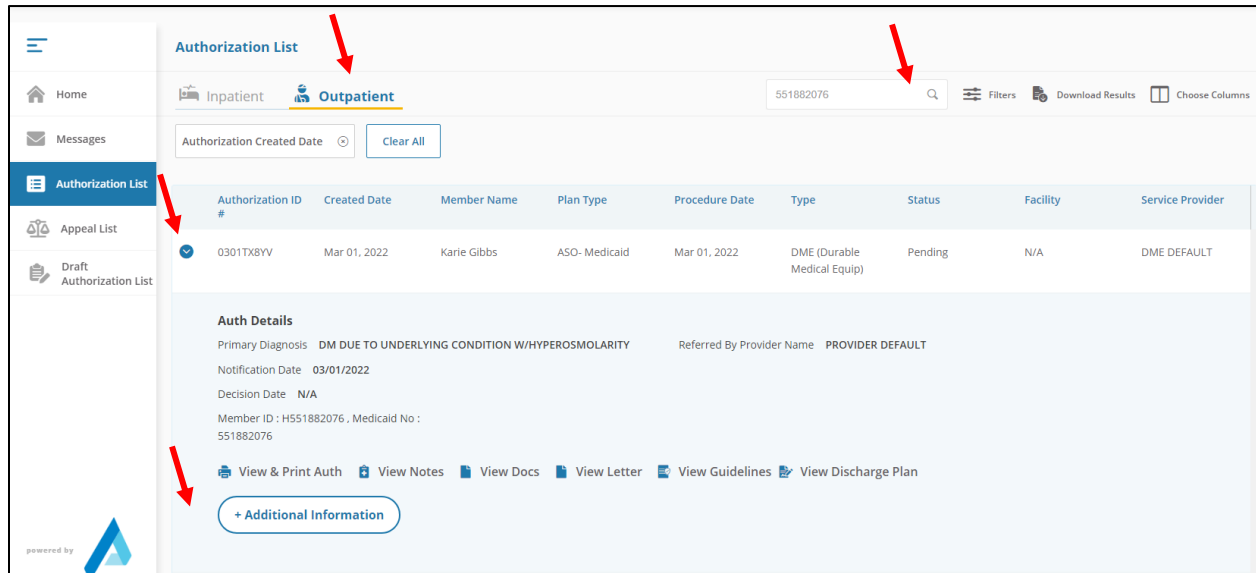
Below the table, there is a 'Description' section with the text 'PH_Acute-To HOH'. A red arrow points to the 'PH_Acute-To HOH' link in the 'Document Name' column.

Attach additional information

After the authorization is submitted, you may add notes and attachments to the authorization request while it is in **pending** status.

1. Click on “Authorization List”
2. Select **Outpatient** icon
3. Enter the **Member ID** and click on the magnifying glass to search
4. Click on the caret symbol to expand the view
5. Click on **+Additional Information**

HUSKY Health – Medical Authorization Portal Prior Authorization (PA) Request – Quick Reference Guide Outpatient Surgery/Outpatient Procedures



Authorization List

Inpatient **Outpatient** 551882076

Authorization Created Date: [Dropdown] Clear All

Authorization ID #	Created Date	Member Name	Plan Type	Procedure Date	Type	Status	Facility	Service Provider
0301TX8YV	Mar 01, 2022	Karie Gibbs	ASO- Medicaid	Mar 01, 2022	DME (Durable Medical Equip)	Pending	N/A	DME DEFAULT

Auth Details

Primary Diagnosis: DM DUE TO UNDERLYING CONDITION W/HYPEROSMOLARITY Referred By Provider Name: PROVIDER DEFAULT

Notification Date: 03/01/2022

Decision Date: N/A

Member ID : H551882076 , Medicaid No : 551882076

View & Print Auth View Notes View Docs View Letter View Guidelines View Discharge Plan

+ Additional Information

6. Proceed to enter a note and add attachments (both sections are required)
7. Click "Submit"



Enter Note

Enter additional notes here
Click below to add documents

Add Attachments

Submit Cancel

Cancel a Pending Authorization Request

You may cancel/withdraw an authorization when it is in **pending** status only. To make a modification, or to cancel a request with a determination on file, please contact the Prior Authorization unit.

1. Select the link labeled "Request to withdraw a pending Authorization" at the bottom of the **Home** page





HUSKY Health – Medical Authorization Portal Prior Authorization (PA) Request – Quick Reference Guide Outpatient Surgery/Outpatient Procedures



2. Enter the Authorization ID (reference number) or member ID to search, and click on “Find Authorization”
3. Click the radio button on the left side to select the authorization
4. Check the box to select the service code(s) to be cancelled

Withdraw Request							
D H	Authorization ID #0309W51Z5						
<input checked="" type="checkbox"/>	Service Code	Service Description	Unit Type	Requested Units	Start Date	End Date	Status
<input checked="" type="checkbox"/>	E0601	CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE	Rent to Purchase	1	03/09/2022	04/08/2022	Pending

5. Add a note with the reason for cancellation
6. Click “Submit”
7. To print the details, select the “click to print” link available in the confirmation message

Important Information

The following features are currently not operational in the authorization portal:

- Messages
- Extensions
- Appeals
- Peer to Peer Reviews

Please contact the Prior Authorization unit for additional information, modification requests, or questions at **1.800.440.5071**.



HUSKY Health – Medical Authorization Portal

Prior Authorization (PA) Request – Quick Reference Guide

Outpatient Surgery/Outpatient Procedures



Outpatient Surgery/Outpatient Procedures - Authorization Request Entry Example

* Authorization Type: Outpatient Surgery/O...
 * Auth Priority: Initial

* Referred By Provider Name (Surgeon/Ordering MD): PROVIDER DEFAULT
 * Referred By Provider Phone: 999-123-4567
 * Referred By Provider Fax: 999-234-5555
 Referred By Provider Name (Surgeon/Ordering MD) & Servicing Provider are same

* Servicing Provider: CMAP ID PROVIDER DEFAULT
 * Servicing Phone: 999-999-999
 * Servicing Fax: 999-888-8888

* Diagnosis Description: DEVIATED NASAL SEPTUM
 * Diagnosis Code: J34.2
 Primary Diagnosis

* Procedure Description: SEPTOPLASTY/SUBMUCOUS RESECT W/WO CARTILAGE GRF
 * Procedure Code: 30520

* From Date: 04/13/2023
 * To Date: 05/13/2023
 * Unit Type: Units
 * Req.: 1
 Primary Procedure

Save as Draft Next Reset Cancel

Providers/Facilities must submit medical records with authorization requests.

Add Note

Test note

Add Attachments

Test_doc (2).pdf

Submit Cancel

Asterisk (*) denotes a mandatory field